The Second IRTM-Designing Workshop:
Accomplishment Report

1. Context of IRT

Integrated Refresher Training (IRT) was first introduced by mid- 2006 in rural areas based on the recommendations of *HEW and HP performance survey,* with the aim of Improving the skills and knowledge of the HEWs and as a result to help them provide quality health service to the community. A decade later, well standardized IRT program started by mid- 2017 in urban settings of the country.

1.1 Rational for organizing In- Service Training (IST)/ IRT

- **Limited skills and knowledge of the providers due to loses of memories :**
- **Emergence of new updates due to changes in the program itself (2nd generation HEP)**
- **Need of standardizing IRT in accordance to level 4 curriculum**

1.2 Designing IST/ IRT modules

Designing the training course is one of the key milestones in implementing IST/ IRT program which requires a diverse expertise and active engagement of the participants. Accordingly, participants from different organizations with different educational background and experiences selected and invited before the commencement of the second workshop. Then, a 6-day work shop was organized at Adama town from 27, May – 01, June 2019.

2. Major objective

The overall Objective of the workshop was to enrich the first draft of competency based standard- training modules for the identified core HEP second generation services

3. Methods Methods of enriching IRT modules

included: *(a) Thorough review of draft modules (b) Orientations, group and plenary discussions (c) Reviewing L 4 HEP OS, training packages and UHEP modules*

4. Highlight of the Accomplishments Similar to the 1st one a number of activities carried

out before, during and after the second workshop to make the mission effective and successful. The

accomplished major activities were:

4.1 Preparatory activities

Ahead of the second workshop, a team of senior reviewers from HEPHSD, FMOH held a four-day meeting (08- 11 May, 2019) to assess the entire modules (SBCC, RMNCAH, EHS, MCD& NTD, NCDS and Basic first aid) with the aim of making in-depth review to the draft modules in terms syllabus and content analysis based on national IST guideline, HEP-L4 curriculum and pre- service-training packages; HEP competency and performance related studies. Accordingly, the reviewers did identify the key limitations of the draft modules. The common limitations were:

- *Consistency:* all of the modules were lacking consistency. I.e. contents of the modules were not consistent with the outlines and time; training methods were not in line with learning objectives; some contents were outlined beyond the training needs of the HEWs or even beyond the L4- HEW OS.

- *Completeness:* Some of the modules were incomplete in terms of competency domains (A S K) as compared to content analysis of each module. some others still missed one or more aspects of the outline

- *Correctness*: Some sessions/ enabling objectives in the modules were not correct in terms of L4- HEP OS. Similarly, the training methods were also not correct for the set learning objective/s. All of the modules were lacking proper allocation of time and training materials for the identified EO or sessions or units

- *Redundancy:* There were a lot of redundancy in all modules in terms of setting objectives and descriptions

- *Instructions:* There had been too much information (TMI) in "Facilitator`s Notes" and most of the Facilitator's instructions lacked clarity and might be sources of bias and confusion. Most of the instructions were not constructed with the aim of igniting ELC.

As the following step, the review team had scheduled the second IRTM designing workshop was scheduled. Accordingly;

- Potential participants identified;

- The required resources had been mobilized; (workshop coordinators, facilitators and supervisors were assigned, workshop budget secured, venues and refreshment arranged).

- Relevant designing- aid materials (National IST guideline, Level 4 OS and curriculum, Level 4 HEW blended course modules, Level 3 IRT modules, level 4 UHEP modules, 2nd generation service packages and implementation manual, etc.) organized.

- PPTs prepared and organized

4.2 Running the Second IRTM Designing Workshop

4.2.1 Participation

When compared with the first workshop, participation of FMOH and partner organization in the second workshop had been pretty good in number and diversity of the participants. A total of 64 participants (56 module-writers, 3 supervisors and reviewers, 3 workshop coordinators and 2 support staffs)(Table 1) did take part in the workshop. In general, thirty four (53%) participants came from FMOH while, Thirty (47%) others were mobilized from a total of 25 different DPs (AAU, 3; UNICEF, 3; WHO, 2; Plan int., JHUCCP, Transform HDR, L10K, Transform PHC, JSI-UI-FHS, BMGF, EMWA, MWU, Pathfinder, Engender Health, PSIE, TPHC, JHPIEGO, World Vision, Water Aid, AMREF, ACIPH, ICAP, GLRA, CHAI, TECH/ HTN, **1** each) (see Fig.1).

Table 1: Number of participants by category and organization

Organization
Category of participants **Module writer Supervisor/**
reviewer
Workshop coordinator
Support staff
Total

FMOH 26 3 3 2 34 **DPs** 30 0 0 0 30 **Total** 56 3 3 2 64

Unlike the previous one, the writers have been fairly and proportionally distrubuted across five modules with exception of RMNCAH module which was attended by a quarter of experts; a total of 19 writers (34%) (see Fig. 2).

4.2.2 Module writing Processes

Initially, the reviewers did explain about the requirement of standard IST (IRT) designing requirement, concepts of CBT/ Instructional design. The reviewers also highlighted the major findings extracted from the in-depth review of the 1st draft modules. The presentation was followed by plenary discussions and concluding remarks. During the 2nd half of the first day, the participants (writers) regrouped themselves in to six core groups and further sub groups based on the number and depth of units in each module. I.e. RMNCAH, one core group and 5 sub-groups; MCD & NTD, 1 core and 4 sub-groups; NCD, 1 core and 4 sub-groups, etc. (see Fig. 3 & 4). Having regrouped themselves, the writers kept working on their respective modules throughout the course of the workshop from the first to the sixth day based on the comments of the reviewers and the requirements of the instructional design. They all tried to consult the relevant documents and the supervisors while working on their modules, the supervisors also tried to closely assist the writers as often as possible.

On the fifth day, some of the groups were given an opportunity to present their works to the plenary. Accordingly the core groups of SBCC, RMNCAH, HEH and First aid made a series of

Fig 1: No.of Participants by Modules and Organization

19 20 15 14

11

10 5 4

6

5 5 2 **7**

7

4 4 3 **7** **6** 2

3 3

0 SBCC FMOH RMNCAH participants
HEH MCD +NTD NCDS First aid

NCDS, 7, 12% First aid, 6, 11%

MCD +NTD, 11, 20%

SBCC, 6, 11%

RMNCAH, 19, 34%

HEH, 7, 12%

presentations on selected units of their respective modules followed by constructive feedbacks and comments from the audience. The remaining groups who didn't present had been advised to adapt the inputs of audience as long as the inputs were found to be relevant to their modules.

By the end of the workshop, (6th day) majority of the groups submitted a pair of modules (the Facilitator`s Guide and participants` Manual) while the remaining few groups did submit their works later at office

Figure 3: MCD& NTD and NCDS module writers

5.
Challenges

- **Consistency:** Inconsistency of the contents with the module syllabus is still a problem for most of the modules. As well as often time training methods are not matching with Enabling Objectives (Eos)) and EOs with unit objectives.

- **Content analysis**: All the modules are lacking proper election of relevant competency domains (ASK) on the basis of training needs of the professionals

- **Objective setting:** There has been confusion for some writers in differentiating the learning objectives from performance objectives. There are also limitations in using action verbs for the identified domains of competency and some of the objectives lack clarity

- **Constructing instructions:** some of the instructions in Facilitator`s Guides are not clear and even confusing. Besides, some are too short to guide the facilitator, while others

are too long to be memorized by the facilitator. After a role-play or demonstration there must be more questions to help the presenters do self-assessment and the observers provide peer- feedbacks (peer assessment). Most of the sessions with such training methods lack proper instruction and questions to facilitate in-training assessments. Some modules confuse the role of the facilitator with those of the participants

• ***Resource allocation:*** Time allocation to the EOs, sessions and units or the cumulative time for a given module is not in alignment with the standard given time. Most of the modules are

   allocated extra time. on the other hand, some of the listed training materials are irrelevant for the chosen training methods and still inappropriate or expensive for the local training-settings

   o ***Tip:*** *The reviewers may need to revisit all contents of the modules to readjust the time and*

   training materials. this could be very tedious and
   time taking

• ***Language***: Most of the modules are lacking proper use of language in developing instructions and scenarios/ stories. Some are difficult to be understood by the participants either because of difficult words or incorrect grammar

   o ***Tip:*** *Editing language to make it simple and understandable can take more time. The*

   reviewers thus need to be aware of and plan
   accordingly

6. Next Steps

The reviewers are expected to take more time and be engaged in making the modules ready for field testing. Some of the major activities are as follow:

Week of June 3rd

- To divide tasks among themselves: Melaka will go for SBCC and parts of SEH; Chala is expected to finalize RMNCAH and the remaining parts of SEH; while Woldemariam would

work on the rest of the modules: MCD& NTD, NCDS and B. First aid. Collect all modules from the module representatives who were not submitted them on the completion of the 2nd workshop in Adama

Week of June 10th and 17th

• In consultation with the module-focal persons, undertake critical reviews for each module in terms of consistency, content analysis, objective setting, instruction writing, resource allocation, use of language, etc. using a standard checklist

• Present the findings and amendment plan to the reviewer team

• Revise and finalize the modules based on the findings from the in-depth review and consultations and make the ready for pilot- testing

• Carry out a cross-review on the final, pilot-test version of the modules.

Week of June 24th

• Organize field testing of the IRT- modules

Week of July 1st

• Analyze the outputs of the field testing

• Produce accomplishment report

• Revise the modules based on the output from the pilot testing

Week of July 8th and onwards

• Process printing of the modules